

Pelvic Inflammatory Disease (PID)



Frequently Asked Questions about Pelvic Inflammatory Disease (PID)

What is PID?

Pelvic Inflammatory Disease (PID) is a serious complication resulting from some sexually transmitted diseases (STDs) in girls and women, especially chlamydia and gonorrhea. PID can damage the fallopian tubes as well as tissues in and near the uterus and ovaries. PID can lead to infertility, ectopic pregnancy (a pregnancy in the fallopian tube or somewhere else outside of the womb), abscesses, and chronic pelvic pain.

How common is PID?

It is estimated that each year more than 750,000 women in the United States experience acute PID and at least 75,000 women may become infertile each year as a result of PID. A large number of ectopic pregnancies are due to PID.

How do girls and women get PID?

Many different infections can lead to PID, but most cases are associated with gonorrhea and chlamydia, two very common bacterial STDs. PID occurs when bacteria move from a woman's vagina or cervix (opening to the uterus) into her reproductive organs. Women who have had PID in the past may be at risk of another episode because the reproductive organs may be damaged by previous PID infections.

Sexually active women in their childbearing years are most at risk, especially those under age 25. This is partly because the cervix of teenage girls and young women is not fully matured, increasing their risk for the STDs that are linked to PID.

Using a douche may also increase a woman's risk of developing PID. Research has shown that douching changes the vaginal flora (organisms that live in the vagina) in harmful ways, and can force bacteria from the vagina into the reproductive organs.

What are the signs and symptoms of PID?

Because symptoms of PID are often very mild, it frequently goes unrecognized by women and their health care providers. If a woman does have symptoms of PID, these might include lower abdominal pain, fever, unusual vaginal discharge with a foul odor, painful intercourse, painful urination, irregular menstrual bleeding, or rarely, pain in the right upper abdomen.

What health risks are associated with PID?

PID can cause permanent damage to a woman's reproductive organs if not treated early. This damage can lead to scarring in the fallopian tubes or other reproductive organs. Even mild scarring can cause infertility by preventing sperm from reaching the egg or preventing a fertilized egg from reaching the uterus to implant. If a fertilized egg begins to grow in the fallopian tubes, this is called an ectopic pregnancy. An ectopic pregnancy can rupture (break) the fallopian tube causing severe pain, internal bleeding, and possibly death.

Scarring of the fallopian tubes or other reproductive organs can also lead to chronic pelvic pain (pain that lasts for months or years).

How is PID diagnosed?

Symptoms of PID are often very mild and many times women and their health care providers do not realize their symptoms are caused by PID. There are no specific tests for PID so diagnosis is usually based on a physical examination. If symptoms such as lower abdominal pain are present, a health care provider should perform a physical examination to check for signs of a gonorrhea and/or chlamydia infection.

Laboratory tests to identify the infection-causing organism (e.g., chlamydia or gonorrhea) can help a health care provider figure out if symptoms are due to PID or something else. Additional tests, such as an ultrasound or laparoscopy, may also be done to confirm a diagnosis or determine any damage to reproductive organs.

How is PID treated?

PID can be cured with several types of antibiotics and often more than one antibiotic is used. However, antibiotic treatment cannot reverse any damage to reproductive organs that has already been done. The sooner a woman with PID is treated, the less likely it is that she will become infertile or have a future ectopic pregnancy. Women being treated for PID should finish taking all prescribed medicine, even if symptoms go away. A follow-up appointment with a health care provider a few days after starting medicine can help make sure that the medication is working to treat the infection. In the case of severe symptoms, pregnancy, or if she is not responding to oral medications, a woman may be hospitalized for PID.

How can PID be prevented?

Women can protect themselves from PID by taking steps to prevent STDs or getting treated early if they do get an STD. Since STDs usually do not cause symptoms, it is important for sexually active women to get regular tests for STDs. Also, anyone who has any unusual genital or anal symptom or any other reason to think they might have been exposed to an STD should stop having sex and be examined and tested by a health care provider immediately.

The surest way to avoid getting or passing STDs is to abstain from any sexual contact, including oral, anal and vaginal sex. Other ways to lower the risk of getting or passing STDs include being in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected, and using latex or polyurethane condoms correctly from the beginning to the end of every sex act.

All sex partners of anyone diagnosed with PID should be notified so they can be seen by a health care provider and tested for STDs. Sexual activity should not be resumed until all partners have been tested and, if necessary, treated.

Where can I get more information?

- Your healthcare provider
- New Jersey Department of Health website: www.nj.gov/health
- Centers for Disease Control and Prevention website: www.cdc.gov/std/PID/
- CDC-INFO Contact Center at:
English and Spanish
(800) CDC-INFO (800) 232-4636 **TTY:** (888) 232-6348

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